

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this an amended filing

B 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Morris

First name

A

Middle name

Gogins, JR

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

Estelle

First name

Middle name

McCoy-Gogins

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-4602

xxx-xx-1112

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known)

About Debtor 1:

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

EINs

About Debtor 2 (Spouse Only in a Joint Case):

I have not used any business name or EINs.

Business name(s)

EINs

5. Where you live

**14307 S Atlantic Ave
Riverdale, IL 60827**

Number, Street, City, State & ZIP Code

Cook

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known)

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. **How you will pay the fee** **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?** No. Yes.

District _____ When _____ Case number _____
District _____ When _____ Case number _____
District _____ When _____ Case number _____

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** No Yes.

Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____

11. **Do you rent your residence?** No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor*?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy.

You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Morris A Gogins, JR**
 Debtor 2 **Estelle McCoy-Gogins**

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."		
	<input type="checkbox"/> No. Go to line 16b.		
	<input checked="" type="checkbox"/> Yes. Go to line 17.		
16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.		
	<input type="checkbox"/> No. Go to line 16c.		
	<input type="checkbox"/> Yes. Go to line 17.		
16c.	State the type of debts you owe that are not consumer debts or business debts		
<hr/>			
17. Are you filing under Chapter 7?	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.		
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?		
	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes		
18. How many Creditors do you estimate that you owe?	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
19. How much do you estimate your assets to be worth?	<input checked="" type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input checked="" type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Morris A Gogins, JR

Morris A Gogins, JR

Signature of Debtor 1

Executed on January 21, 2016
 MM / DD / YYYY

/s/ Estelle McCoy-Gogins

Estelle McCoy-Gogins

Signature of Debtor 2

Executed on January 21, 2016
 MM / DD / YYYY

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number *(if known)*

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

If you are not represented by an attorney, you do not need to file this page.

/s/ Julie M Gleason

Signature of Attorney for Debtor

Date

January 21, 2016

MM / DD / YYYY

Julie M Gleason

Printed name

Gleason & Gleason

Firm name

**77 W Washington, Ste 1218
Chicago, IL 60602**

Number, Street, City, State & ZIP Code

Contact phone **(312) 578-9530**

Email address

troy@chicagobk.com

6273536

Bar number & State

Fill in this information to identify your case:

Debtor 1	Morris A Gogins, JR		
	First Name	Middle Name	Last Name
Debtor 2	Estelle McCoy-Gogins		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$ 0.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 0.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 6,258.15
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 6,258.15

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 8,304.00
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 8,304.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 0.00
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 0.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 53,710.97
		Your total liabilities \$ 62,014.97

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	\$ 4,069.00
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 4,069.00
5.	Schedule J: Your Expenses (Official Form 106J)	\$ 4,067.00
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 4,067.00

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known) _____

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 3,172.00

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>0.00</u>

Debtor 1 **Morris A Gogins, JR**
 Debtor 2 **Estelle McCoy-Gogins**

Case number (if known) _____

Yes. Describe.....

Normal and necessary household goods

\$750.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

Yes. Describe.....

Televisions and consumer electronics

\$300.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

Clothing

\$200.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

Costume Jewelry

\$300.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$1,550.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known)

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No
 Yes.....

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No
 Yes.....

Institution name:

17.1.

Chase - 2 accounts

\$143.15

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No
 Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No
 Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No
 Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No
 Yes. List each account separately.

Type of account:

Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No
 Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No
 Yes.....

Issuer name and description:

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No
 Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No
 Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No
 Yes. Give specific information about them...

Debtor 1 **Morris A Gogins, JR**
 Debtor 2 **Estelle McCoy-Gogins**

Case number (if known) _____

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No
 Yes. Give specific information about them....

Money or property owed to you?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No
 Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No
 Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No
 Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

Term Life Insurance

Spouse

\$0.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No
 Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No
 Yes. Describe each claim.....

Hit by uninsured driver - no attorney retained

\$0.00

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No
 Yes. Describe each claim.....

35. Any financial assets you did not already list

No
 Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$143.15

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known) _____

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.
 Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

Current value of the
portion you own?
Do not deduct secured
claims or exemptions.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2	\$0.00
56. Part 2: Total vehicles, line 5	\$4,565.00
57. Part 3: Total personal and household items, line 15	\$1,550.00
58. Part 4: Total financial assets, line 36	\$143.15
59. Part 5: Total business-related property, line 45	\$0.00
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00
61. Part 7: Total other property not listed, line 54	\$0.00
62. Total personal property. Add lines 56 through 61...	\$6,258.15
	Copy personal property total
63. Total of all property on Schedule A/B. Add line 55 + line 62	\$6,258.15

Fill in this information to identify your case:

Debtor 1	Morris A Gogins, JR		
	First Name	Middle Name	Last Name
Debtor 2	Estelle McCoy-Gogins		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number (if known) _____			

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Normal and necessary household goods Line from <i>Schedule A/B</i> : 6.1	\$750.00	<input checked="" type="checkbox"/> \$750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Televisions and consumer electronics Line from <i>Schedule A/B</i> : 7.1	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Clothing Line from <i>Schedule A/B</i> : 11.1	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a)
Chase - 2 accounts Line from <i>Schedule A/B</i> : 17.1	\$143.15	<input checked="" type="checkbox"/> \$143.15 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)

3. Are you claiming a homestead exemption of more than \$155,675?

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Debtor 1
Debtor 2

Morris A Gogins, JR
Estelle McCoy-Gogins

Case number (if known) _____

Fill in this information to identify your case:

Debtor 1	Morris A Gogins, JR		
	First Name	Middle Name	Last Name
Debtor 2	Estelle McCoy-Gogins		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number (if known) _____			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Automotive Credit Corp Creditor's Name 26261 Evergreen Rd Ste 3 Southfield, MI 48076 Number, Street, City, State & Zip Code	Describe the property that secures the claim: 2008 Saturn Vue 120000 miles	\$8,304.00	\$4,565.00
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$3,739.00
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____		
Opened 1/11/13 Last Active Date debt was incurred 11/09/15	Last 4 digits of account number 1501		

Add the dollar value of your entries in Column A on this page. Write that number here: **\$8,304.00**

If this is the last page of your form, add the dollar value totals from all pages.
Write that number here: **\$8,304.00**

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Name Address
-NONE-

On which line in Part 1 did you enter the creditor?

Last 4 digits of account number _____

Fill in this information to identify your case:

Debtor 1	Morris A Gogins, JR		
	First Name	Middle Name	Last Name
Debtor 2	Estelle McCoy-Gogins		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.

Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	<p>Advocate Medical Group Priority Creditor's Name 701 Lee St Des Plaines, IL 60016 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical _____</p>
4.2	<p>Advocate South Suburban Hospital Priority Creditor's Name 22091 Network Place Chicago, IL 60673-1220 Number Street City State Zip Code</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p>

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known) _____

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical / Dental Bill**

4.3

Aegis Ambulatory Anes

Priority Creditor's Name

**PO box 903
DeKalb, IL 60115**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$ **0.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.4

AmeriMark Premier

Priority Creditor's Name

**PO Box 2845
Monroe, WI 53566**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$ **277.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.5

Ashro

Priority Creditor's Name

**3650 Milwaukee St
Madison, WI 53714**

Number Street City State Zip Code

Last 4 digits of account number _____

\$ **447.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known) _____

Who incurred the debt? Check one.	<input type="checkbox"/> Contingent
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Unliquidated
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Student loans
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims
Is the claim subject to offset?	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Other. Specify _____
<input type="checkbox"/> Yes	

4.6	Bako	Last 4 digits of account number	\$	88.00
	Priority Creditor's Name 6240 Shiloh Rd Alpharetta, GA 30005			
	Number Street City State Zip Code			
	Who incurred the debt? Check one.	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed		
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset?	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Other. Specify _____		
	<input type="checkbox"/> Yes			
		Medical		

4.7	Bank of America	Last 4 digits of account number	\$	100.00
	Priority Creditor's Name PO Box 15168 Wilmington, DE 19850			
	Number Street City State Zip Code			
	Who incurred the debt? Check one.	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed		
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset?	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Other. Specify _____		
	<input type="checkbox"/> Yes			

4.8	Capital Accounts	Last 4 digits of account number	\$	171.00
	Priority Creditor's Name Po Box 140065 Nashville, TN 37214			
	When was the debt incurred?	Opened 5/01/15		

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known)

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply**Who incurred the debt?** Check one. Contingent Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another **Check if this claim is for a community debt****Is the claim subject to offset?** No Yes Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify**Collection Attorney Foot Ankle Pain Clinic**

4.9

Capital Accounts

Priority Creditor's Name

**PO Box 140065
Nashville, TN 37214**

Number Street City State Zip Code

Last 4 digits of account number\$ **168.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify**Foot & Ankle Pain Clinic**

4.10

Carol Wright Gifts

Priority Creditor's Name

**Attn: Bankruptcy
PO Box 2852
Monroe, WI 53566**

Number Street City State Zip Code

Last 4 digits of account number\$ **233.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify

4.11

Cci**Last 4 digits of account number****3101**\$ **255.00**

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known) _____

Priority Creditor's Name

Contract Callers I**Augusta, GA 30901**

Number Street City State Zip Code

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify **10 Comed 26499** _____

4.12

Charles Amenta MD

Priority Creditor's Name

18161 Morris Ave Suite 105**Homewood, IL 60430**

Number Street City State Zip Code

Last 4 digits of account number _____\$ _____ **29.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____

4.13

Check N Go

Priority Creditor's Name

7755 Montgomery Rd, Suite 400**Cincinnati, OH 45236**

Number Street City State Zip Code

Last 4 digits of account number _____\$ _____ **2,283.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known)

4.14 **ComEd** \$ **380.00**

Priority Creditor's Name
Attn Bankruptcy
PO Box 805379
Chicago, IL 60680

Number Street City State Zip Code

Who incurred the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.15 **Comenity Bank/brylnhme** \$ **185.00**

Priority Creditor's Name
Po Box 182789
Columbus, OH 43218

Number Street City State Zip Code

Who incurred the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **2081**

When was the debt incurred? **Opened 9/01/15 Last Active 11/16/15**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Charge Account**

4.16 **Comenity Bank/jsscIndn** \$ **459.00**

Priority Creditor's Name
Po Box 182789
Columbus, OH 43218

Number Street City State Zip Code

Last 4 digits of account number **9081**

When was the debt incurred? **Opened 11/01/13 Last Active 8/11/15**

As of the date you file, the claim is: Check all that apply

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known) _____

Who incurred the debt? Check one. Contingent Debtor 1 only Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only Disputed At least one of the debtors and another**Type of NONPRIORITY unsecured claim:** Check if this claim is for a community debt Student loans**Is the claim subject to offset?** Obligations arising out of a separation agreement or divorce that you did not report as priority claims No Debts to pension or profit-sharing plans, and other similar debts Yes Other. Specify**Charge Account**

4.17

Comenitybank/oldpbltrd

Priority Creditor's Name

Last 4 digits of account number

9081

\$

497.00**Po Box 182789
Columbus, OH 43218**

Number Street City State Zip Code

Opened 1/01/15 Last**Active 7/01/15****Who incurred the debt?** Check one. Contingent Debtor 1 only Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only Disputed At least one of the debtors and another**Type of NONPRIORITY unsecured claim:** Check if this claim is for a community debt Student loans**Is the claim subject to offset?** Obligations arising out of a separation agreement or divorce that you did not report as priority claims No Debts to pension or profit-sharing plans, and other similar debts Yes Other. Specify**Charge Account**

4.18

Commonwealth Financial

Priority Creditor's Name

**245 Main Street
Scranton, PA 18519**

Number Street City State Zip Code

Last 4 digits of account number

47N1

\$

488.00**When was the debt incurred?****Opened 10/01/14****Who incurred the debt?** Check one. Contingent Debtor 1 only Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only Disputed At least one of the debtors and another**Type of NONPRIORITY unsecured claim:** Check if this claim is for a community debt Student loans**Is the claim subject to offset?** Obligations arising out of a separation agreement or divorce that you did not report as priority claims No Debts to pension or profit-sharing plans, and other similar debts Yes Other. Specify**Collection Attorney Mea-Ingalls**

4.19

Commonwealth Financial

Priority Creditor's Name

**245 Main Street
Scranton, PA 18519**

Last 4 digits of account number

67N1

\$

341.00**When was the debt incurred?****Opened 10/01/14**

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known)

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply**Who incurred the debt?** Check one. Debtor 1 only Contingent Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only Disputed At least one of the debtors and another**Type of NONPRIORITY unsecured claim:** **Check if this claim is for a community debt** Student loans**Is the claim subject to offset?** Obligations arising out of a separation agreement or divorce that you did not report as priority claims No Debts to pension or profit-sharing plans, and other similar debts Yes Other. Specify**Collection Attorney Mea-Ingalls**

4.20

Convergent Outsourcing

Priority Creditor's Name

**800 Sw 39th St
Renton, WA 98057**

Number Street City State Zip Code

Last 4 digits of account number

7555

\$

150.00

When was the debt incurred?

Opened 10/01/14**Who incurred the debt?** Check one. Debtor 1 only**As of the date you file, the claim is:** Check all that apply Debtor 2 only Contingent Debtor 1 and Debtor 2 only Unliquidated At least one of the debtors and another Disputed **Check if this claim is for a community debt** Student loans**Is the claim subject to offset?** Obligations arising out of a separation agreement or divorce that you did not report as priority claims No Debts to pension or profit-sharing plans, and other similar debts Yes Other. Specify**Collection Attorney Comcast**

4.21

Credit Cntrl

Priority Creditor's Name

**5757 Phantom Dr.
Hazelwood, MO 63042**

Number Street City State Zip Code

Last 4 digits of account number

5056

\$

887.00

When was the debt incurred?

Who incurred the debt? Check one. Debtor 1 only**As of the date you file, the claim is:** Check all that apply Debtor 2 only Contingent Debtor 1 and Debtor 2 only Unliquidated At least one of the debtors and another Disputed **Check if this claim is for a community debt****Type of NONPRIORITY unsecured claim:****Is the claim subject to offset?** Student loans No Obligations arising out of a separation agreement or divorce that you did not report as priority claims Yes Debts to pension or profit-sharing plans, and other similar debts**Med1 02 Metrosouth Medical Center**

4.22

Credit Cntrl

Priority Creditor's Name

Last 4 digits of account number

7335

\$

887.00

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known) _____

**5757 Phantom Dr.
Hazelwood, MO 63042**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Med1 02 Metrosouth Medical Center**

4.23

Credit OnePriority Creditor's Name
PO Box 60500
City of Industry, CA 91716
Number Street City State Zip Code**Who incurred the debt?** Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number _____\$ **945.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.24

Danbury MintPriority Creditor's Name
47 Richards Ave
Norwalk, CT 06827
Number Street City State Zip Code**Who incurred the debt?** Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number _____\$ **100.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.25

DirectCharge**Last 4 digits of account number** _____\$ **200.00**

Debtor 1 **Morris A Gogins, JR**Debtor 2 **Estelle McCoy-Gogins**

Case number (if known) _____

Priority Creditor's Name

1112 7th Ave**Monroe, WI 53566**

Number Street City State Zip Code

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____**4.26****Dr. Vipul Patel DPM**

Priority Creditor's Name

2075 Indianapolis Blvd**Whiting, IN 46394**

Number Street City State Zip Code

Last 4 digits of account number _____**\$** **418.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____**4.27****Easy Conforts**

Priority Creditor's Name

PO Box 2861**Monroe, WI 53566**

Number Street City State Zip Code

Last 4 digits of account number _____**\$** **86.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known) _____

4.28 Especially Yours Priority Creditor's Name PO Box 105 South Easton, MA 02375 Number Street City State Zip Code	Last 4 digits of account number _____ \$ 76.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.29 Everest Receivables Services Priority Creditor's Name 5165 Broadway #112 Depew, NY 14043 Number Street City State Zip Code	
Last 4 digits of account number _____ \$ 809.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.30 Figis Priority Creditor's Name 3200 S. Central Ave. Marshfield, WI 54449 Number Street City State Zip Code	
Last 4 digits of account number _____ \$ 189.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known) _____

4.31	First Cash Priority Creditor's Name 7001 Post Road, Suite 300 Dublin, OH 43016 Number Street City State Zip Code	Last 4 digits of account number _____	\$ _____	60.57
		When was the debt incurred? _____		
		As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed		
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Other. Specify _____		
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

4.32	First Premier Bank Priority Creditor's Name 601 S Minnesota Ave Sioux Falls, SD 57104 Number Street City State Zip Code	Last 4 digits of account number 9247	\$ 492.00
		When was the debt incurred? Opened 2/01/14 Last Active 9/03/15	
		As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	<input type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Other. Specify Credit Card	
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

4.33	First Premier Bank Priority Creditor's Name 601 S Minnesota Ave Sioux Falls, SD 57104 Number Street City State Zip Code	Last 4 digits of account number 7495	\$ 271.00
		When was the debt incurred? Opened 2/01/15 Last Active 8/03/15	
		As of the date you file, the claim is: Check all that apply	

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known) _____

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Credit Card**

4.34

Foot & Ankle Clns Of

Priority Creditor's Name

**9933 S Western Ave Ste 1
Chicago, IL 60643**

Number Street City State Zip Code

Last 4 digits of account number

0847

\$

0.00

When was the debt incurred?

Opened 2/01/11

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify**Medical Debt**

4.35

Ginny's

Priority Creditor's Name

**1112 7th Ave
Monroe, WI 53566**

Number Street City State Zip Code

Last 4 digits of account number

\$

198.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify

4.36

Great Lakes Specialty Finance

Priority Creditor's Name

**16120 S State St
South Holland, IL 60473**

Number Street City State Zip Code

Last 4 digits of account number

\$

184.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known) _____

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify _____

4.37 Halsted Financial Services

Priority Creditor's Name
PO Box 5773
Evanston, IL 60201

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number _____ \$ **100.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Payday Loan** _____

4.38 Hertg Acctp

Priority Creditor's Name
120 W Lexington
Elkhart, IN 46516

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number **1701** \$ **0.00**

When was the debt incurred? **Opened 10/01/12 Last Active 10/01/12**

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Automobile** _____

4.39 Illinois Lending Corporation

Priority Creditor's Name

Last 4 digits of account number _____ \$ **200.00**

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known) _____

**2109 S Wabash Ave
Chicago, IL 60616**

Number Street City State Zip Code

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply**Who incurred the debt?** Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Is the claim subject to offset?

No
 Yes

4.40

Ingalls Same Day Surgery

Priority Creditor's Name

**PO box 340
Matteson, IL 60443**

Number Street City State Zip Code

Last 4 digits of account number _____

\$ **536.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

Who incurred the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Is the claim subject to offset?

No
 Yes

4.41

Integrity Orthopedics

Priority Creditor's Name

**PO box 609
Chicago, IL 60643**

Number Street City State Zip Code

Last 4 digits of account number _____

\$ **524.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

Who incurred the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Is the claim subject to offset?

No
 Yes

4.42

Jessica London

Last 4 digits of account number _____

\$ **35.00**

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known) _____

Priority Creditor's Name

PO box 659728**San Antonio, TX 78265**

Number Street City State Zip Code

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____

4.43

K. Jordan

Priority Creditor's Name

913 First Avenue**Chippewa Falls, WI 54729**

Number Street City State Zip Code

Last 4 digits of account number _____\$ **59.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____

4.44

Kahuna Payment Solutions LLC

Priority Creditor's Name

2714 McGraw Dr**Bloomington, IL 61704**

Number Street City State Zip Code

Last 4 digits of account number _____\$ **1,134.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known)

4.45	L J Ross Associates In Priority Creditor's Name 4 Universal Way Jackson, MI 49202 Number Street City State Zip Code	Last 4 digits of account number 7799	\$ 361.00
		When was the debt incurred? Opened 9/01/14	
		As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	<input type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Student loans	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	<input checked="" type="checkbox"/> Other. Specify Collection Attorney We Energies--H H	
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

4.46	Mabt/contin Priority Creditor's Name Pob 8099 Newark, DE 19714 Number Street City State Zip Code	Last 4 digits of account number 4175	\$ 668.00
		When was the debt incurred? Opened 4/01/15 Last Active 8/11/15	
		As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	<input type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Student loans	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	<input checked="" type="checkbox"/> Other. Specify Credit Card	
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

4.47	Massey's Shoes Priority Creditor's Name PO box 2822 Monroe, WI 53556-8020 Number Street City State Zip Code	Last 4 digits of account number	\$ 160.00
		When was the debt incurred?	
		As of the date you file, the claim is: Check all that apply	

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known) _____

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify**Shoes**

4.48

Mcsi Inc

Priority Creditor's Name

**Po Box 327
Palos Heights, IL 60463**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **0519**\$ **200.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **01 City Of Markham**

4.49

Mcsi Inc

Priority Creditor's Name

**Po Box 327
Palos Heights, IL 60463**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **3541**\$ **200.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **01 City Of Country Club Hills Ss**

4.50

Mcsi Inc

Priority Creditor's Name

**Po Box 327
Palos Heights, IL 60463**

Number Street City State Zip Code

Last 4 digits of account number **0382**\$ **100.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known) _____

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Yes **01 Village Of Riverdale**

4.51 **Mcsi Inc** **Last 4 digits of account number** 5643 **\$** 20.00
 Priority Creditor's Name
Po Box 327
Palos Heights, IL 60463
 Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Yes **01 Village Of Riverdale**

4.52 **Medical Business Bureau** **Last 4 digits of account number** _____ **\$** 75.00
 Priority Creditor's Name
PO Box 1219
Park Ridge, IL 60068
 Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Yes **01 Village Of Riverdale**

4.53 **Midnight Velvet** **Last 4 digits of account number** _____ **\$** 256.00
 Priority Creditor's Name
1112 7th Avenue
Monroe, WI 53566

When was the debt incurred? _____

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known) _____

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply**Who incurred the debt?** Check one.

Debtor 1 only
 Debtor 2 only

 Debtor 1 and Debtor 2 only At least one of the debtors and another **Check if this claim is for a community debt****Is the claim subject to offset?**

No
 Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____

4.54

Midwest Eye Center S.C.

Priority Creditor's Name

**1700 East Way Rd
Calumet City, IL 60409**

Number Street City State Zip Code

Last 4 digits of account number _____

\$ _____ **32.40**

When was the debt incurred? _____

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only

 Debtor 1 and Debtor 2 only At least one of the debtors and another **Check if this claim is for a community debt****Is the claim subject to offset?**

No
 Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____

4.55

Monroe & Main

Priority Creditor's Name

**1112 7th Ave
Monroe, WI 53566**

Number Street City State Zip Code

Last 4 digits of account number _____

\$ _____ **320.00**

When was the debt incurred? _____

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only

 Debtor 1 and Debtor 2 only At least one of the debtors and another **Check if this claim is for a community debt****Is the claim subject to offset?**

No
 Yes

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____

4.56

Montgomery Ward

Priority Creditor's Name

Last 4 digits of account number _____

\$ _____ **341.00**

Debtor 1 **Morris A Gogins, JR**Debtor 2 **Estelle McCoy-Gogins**

Case number (if known) _____

**3650 Milwaukee St
Madison, WI 53714**

Number Street City State Zip Code

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply**Who incurred the debt?** Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

No
 Yes
 Other. Specify _____

4.57

Mrs Bpo Llc

Priority Creditor's Name

**1930 Olney Ave
Cherry Hill, NJ 08003**

Number Street City State Zip Code

Last 4 digits of account number **8341**\$ **329.00****When was the debt incurred?** **Opened 10/01/14****As of the date you file, the claim is:** Check all that apply

Who incurred the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

No
 Yes
 Other. Specify **Collection Attorney Time Warner Cable**

4.58

Nicor Gas

Priority Creditor's Name

**Attention: Bankruptcy
Department
PO Box 549
Aurora, IL 60507**

Number Street City State Zip Code

Last 4 digits of account number _____

\$ **2,000.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

Who incurred the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

No
 Yes
 Other. Specify **Utility**

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known)

4.59	Old Pueblo Traders		Last 4 digits of account number	\$ <u>81.00</u>
Priority Creditor's Name PO box 659465 San Antonio, TX 78265		When was the debt incurred?		
Number Street City State Zip Code		As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
Is the claim subject to offset?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Oportun/progreso Priority Creditor's Name 1600 Seaport Blvd Ste 25 Redwood City, CA 94063		Last 4 digits of account number 1701 When was the debt incurred? Opened 6/05/15 Last Active 11/10/15 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
Is the claim subject to offset?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Palisades Collection Priority Creditor's Name Attn: Bankruptcy PO Box 41067 Norfolk, VA 23541		Last 4 digits of account number Unsecured When was the debt incurred? As of the date you file, the claim is: Check all that apply		
4.61			\$ 2,228.00	

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known) _____

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only

 Debtor 1 and Debtor 2 only At least one of the debtors and another **Check if this claim is for a community debt****Is the claim subject to offset?** No Yes Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____

4.62

Peoples Engy

Priority Creditor's Name

**200 East Randolph
Chicago, IL 60601**

Number Street City State Zip Code

Last 4 digits of account number

9099

\$

277.00**Opened 11/13/10 Last
Active 2/14/12****As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____**Agriculture**

4.63

Physical Therapy & Sports Injury Re

Priority Creditor's Name

**1816 W 170th St
Hazel Crest, IL 60429**

Number Street City State Zip Code

Last 4 digits of account number

\$

360.00**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____

4.64

PLS

Priority Creditor's Name

Last 4 digits of account number

\$

100.00

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known) _____

**Bankruptcy Department
One South Wacker 36th Floor
Chicago, IL 60607**

Number Street City State Zip Code

When was the debt incurred? _____**Who incurred the debt?** Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset? No Yes**Payday Loan** _____

4.65

Pronger Smith Medical Care

Priority Creditor's Name

**2320 W High St
Blue Island, IL 60406**

Number Street City State Zip Code

Last 4 digits of account number _____

\$ _____ **0.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

Who incurred the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Contingent**Unliquidated****Disputed****Type of NONPRIORITY unsecured claim:**

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset? No Yes**Medical** _____

4.66

Ridge Orthopedics & Rehab

Priority Creditor's Name

**5540 W 111th St
Oak Lawn, IL 60453**

Number Street City State Zip Code

Last 4 digits of account number _____

\$ _____ **36.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

Who incurred the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Contingent**Unliquidated****Disputed****Type of NONPRIORITY unsecured claim:**

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset? No Yes**Other. Specify** _____

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known)

4.67	Santander Consumer Usa Priority Creditor's Name	Last 4 digits of account number	1000	\$	0.00
	Po Box 961245 Ft Worth, TX 76161 Number Street City State Zip Code	When was the debt incurred?	Opened 7/01/08 Last Active 7/25/14		
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed			
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans			
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Automobile			

4.68	Seventh Avenue Priority Creditor's Name	Last 4 digits of account number		\$	361.00
	1112 7th Avenue Monroe, WI 53566 Number Street City State Zip Code	When was the debt incurred?			
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated			
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed			
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans			
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify			

4.69	Social Security Admin Priority Creditor's Name	Last 4 digits of account number		\$	23,000.00
	Attn Bankruptcy Dept 77 W Jackson Ste 300 Chicago, IL 60604 Number Street City State Zip Code	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply				

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known) _____

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only

 Contingent Debtor 1 and Debtor 2 only Unliquidated At least one of the debtors and another Disputed Check if this claim is for a community debt**Type of NONPRIORITY unsecured claim:****Is the claim subject to offset?** Student loans No Obligations arising out of a separation agreement or divorce that you did not report as priority claims Yes Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____

4.70

State Collection Service

Priority Creditor's Name

**2509 S Stoughton Rd
Madison, WI 53716**

Number Street City State Zip Code

Last 4 digits of account number _____

\$

53.00**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply**Who incurred the debt?** Check one. Contingent Debtor 1 only Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another**Type of NONPRIORITY unsecured claim:** Check if this claim is for a community debt Student loans**Is the claim subject to offset?** Obligations arising out of a separation agreement or divorce that you did not report as priority claims No Debts to pension or profit-sharing plans, and other similar debts Yes Other. Specify _____

4.71

Sunrise Credit Services

Priority Creditor's Name

**PO Box 9100
Farmingdale, NY 11735**

Number Street City State Zip Code

Last 4 digits of account number _____

\$

965.00**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply**Who incurred the debt?** Check one. Contingent Debtor 1 only Unliquidated Debtor 1 and Debtor 2 only**Type of NONPRIORITY unsecured claim:** Check if this claim is for a community debt Student loans**Is the claim subject to offset?** Obligations arising out of a separation agreement or divorce that you did not report as priority claims No Debts to pension or profit-sharing plans, and other similar debts Yes Other. Specify _____

4.72

TCF National Bank

Priority Creditor's Name

**Attn: Bankruptcy
800 Burr Ridge
Willowbrook, IL 60527**

Last 4 digits of account number _____

\$

100.00**When was the debt incurred?** _____

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known) _____

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply**Who incurred the debt?** Check one.

Debtor 1 only
 Debtor 2 only

 Contingent Unliquidated Disputed Debtor 1 and Debtor 2 only At least one of the debtors and another **Check if this claim is for a community debt****Is the claim subject to offset?** No Yes**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____**Consumer Debt/ Ovrdraft**

4.73

The Payday Loan Store of IL

Priority Creditor's Name

**107 Sibley Rd
South Holland, IL 60473**

Number Street City State Zip Code

Last 4 digits of account number _____

\$ _____ **825.00****When was the debt incurred?** _____**Who incurred the debt?** Check one.

Debtor 1 only
 Debtor 2 only

 Contingent Unliquidated Disputed Debtor 1 and Debtor 2 only At least one of the debtors and another **Check if this claim is for a community debt****Is the claim subject to offset?** No Yes**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____

4.74

United Health Care

Priority Creditor's Name

**PO box 5803
Riverdale, IL 60827**

Number Street City State Zip Code

Last 4 digits of account number _____

\$ _____ **58.00****When was the debt incurred?** _____**Who incurred the debt?** Check one.

Debtor 1 only
 Debtor 2 only

 Contingent Unliquidated Disputed Debtor 1 and Debtor 2 only At least one of the debtors and another **Check if this claim is for a community debt****Is the claim subject to offset?** No Yes**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify _____

4.75

United Recovery Service, LLC

Priority Creditor's Name

Last 4 digits of account number _____

\$ _____ **340.00**

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known) _____

**18525 Torrence Ave, Ste C-6
Lansing, IL 60438**

Number Street City State Zip Code

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply**Who incurred the debt?** Check one.

Debtor 1 only
 Debtor 2 only

 Contingent Unliquidated Disputed Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt**Is the claim subject to offset?** No Yes

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Medical _____

4.76

Verve

Priority Creditor's Name

PO box 31292**Tampa, FL 33631**

Number Street City State Zip Code

Last 4 digits of account number _____

\$ **615.00****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply**Who incurred the debt?** Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify _____

4.77

Webbank/fingerhut

Priority Creditor's Name

6250 Ridgewood Rd**Saint Cloud, MN 56303**

Number Street City State Zip Code

Last 4 digits of account number **6916**\$ **1,578.00****Opened 6/01/14 Last Active 11/02/15****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply

Who incurred the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify _____**Charge Account** _____

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known)

4.78	Webbank/fingerhut Priority Creditor's Name	Last 4 digits of account number	3206	\$ 1,854.00
	6250 Ridgewood Rd Saint Cloud, MN 56303 Number Street City State Zip Code	When was the debt incurred?	Opened 12/01/13 Last Active 7/03/15	
		As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
	Check if this claim is for a community debt	<input type="checkbox"/> Disputed <input type="checkbox"/> Student loans		
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	No	<input type="checkbox"/> Other. Specify Charge Account		
	Yes			

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name Address
Advocate Medical Group
701 Lee St
Des Plaines, IL 60016**On which entry in Part 1 or Part2 did you list the original creditor?**Line 4.75 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number**Name Address
Advocate South Suburban Hospital
22091 Network Place
Chicago, IL 60673-1220**On which entry in Part 1 or Part2 did you list the original creditor?**Line 4.70 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number**Name Address
Aegis Receivables Mgmt Inc
PO Box 404
Fort Mill, SC 29716**On which entry in Part 1 or Part2 did you list the original creditor?**Line 4.52 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number**Name Address
Allied Interstate
3000 Corporate Exchange Dr. 5th Fl
Columbus, OH 43231**On which entry in Part 1 or Part2 did you list the original creditor?**Line 4.32 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number**Name Address
Asset Acceptance
Attn: Bankruptcy
PO Box 2036
Warren, MI 48090**On which entry in Part 1 or Part2 did you list the original creditor?**Line 4.58 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number**Name Address
AT & T Southwest (U-verse)
PO Box 5014
Carol Stream, IL 60197-5014**On which entry in Part 1 or Part2 did you list the original creditor?**Line 4.71 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number**

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known)

Name Address
Bank of America Attn: Bankruptcy
PO Box 9000
Getzville, NY 14068**On which entry in Part 1 or Part2 did you list the original creditor?**Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number**Name Address
Blatt Hasenmiller Leibsler & Moore
10 S LaSalle St Suite 2200
Chicago, IL 60603**On which entry in Part 1 or Part2 did you list the original creditor?**Line 4.61 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number**Name Address
Charles G. McCarthy Jr.
PO box 1045
Bloomington, IL 61702**On which entry in Part 1 or Part2 did you list the original creditor?**Line 4.44 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number**Name Address
ChexSystems
7805 Hudson Rd, Ste 100
Saint Paul, MN 55125**On which entry in Part 1 or Part2 did you list the original creditor?**Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number**Name Address
Comenity Bank
Recovery Dept
PO Box 182125
Columbus, OH 43218**On which entry in Part 1 or Part2 did you list the original creditor?**Line 4.59 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number**Name Address
Credit Management LP
4200 International Pkwy
Carrollton, TX 75007**On which entry in Part 1 or Part2 did you list the original creditor?**Line 4.20 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number**Name Address
Credit Protection Assoc
Attn: Bankruptcy
PO Box 802068
Dallas, TX 75380**On which entry in Part 1 or Part2 did you list the original creditor?**Line 4.57 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number**Name Address
Dr Leonard/ Carol Wig
1515 S 21st St
Clinton, IA 52732**On which entry in Part 1 or Part2 did you list the original creditor?**Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number**Name Address
Harris & Harris Ltd
222 Merchandise Mart Plaza
Ste 1900
Chicago, IL 60654**On which entry in Part 1 or Part2 did you list the original creditor?**Line 4.45 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number**Name Address
ICS
PO Box 1010
Tinley Park, IL 60477**On which entry in Part 1 or Part2 did you list the original creditor?**Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number**

Name Address

On which entry in Part 1 or Part2 did you list the original creditor?

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known) _____

Malcolm A Deam & Associates SC
Deam Malcolm A MD
3 Erie St
Oak Park, IL 60302Line 4.1 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account numberName Address
Real Time Resolutions
1750 Regal Row Suite 120
Dallas, TX 75235**On which entry in Part 1 or Part2 did you list the original creditor?**Line 4.13 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account numberName Address
The Schreiber Law Firm
6 Interplex Drive #209
Feasterville Trevose, PA 19053**On which entry in Part 1 or Part2 did you list the original creditor?**Line 4.13 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account numberName Address
Transworld Systems
507 prudential Rd.
Horsham, PA 19044**On which entry in Part 1 or Part2 did you list the original creditor?**Line 4.28 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account numberName Address
Wilshire Group & Associates
11801 Pierce St #200
Riverside, CA 92505**On which entry in Part 1 or Part2 did you list the original creditor?**Line 4.23 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	Total claim
	6a. \$ 0.00	
	6b. Taxes and certain other debts you owe the government	0.00
	6c. Claims for death or personal injury while you were intoxicated	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	0.00
	6e. Total. Add lines 6a through 6d.	0.00
Total claims from Part 2	6f. Student loans	Total Claim
	6f. \$ 0.00	
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	53,710.97
	6j. Total. Add lines 6f through 6i.	53,710.97

Fill in this information to identify your case:

Debtor 1	Morris A Gogins, JR		
	First Name	Middle Name	Last Name
Debtor 2	Estelle McCoy-Gogins		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease			State what the contract or lease is for
Name, Number, Street, City, State and ZIP Code			
2.1	<hr/> <hr/> <hr/>		
	Name		
	Number	Street	
	City	State	ZIP Code
2.2	<hr/> <hr/> <hr/>		
	Name		
	Number	Street	
	City	State	ZIP Code
2.3	<hr/> <hr/> <hr/>		
	Name		
	Number	Street	
	City	State	ZIP Code
2.4	<hr/> <hr/> <hr/>		
	Name		
	Number	Street	
	City	State	ZIP Code
2.5	<hr/> <hr/> <hr/>		
	Name		
	Number	Street	
	City	State	ZIP Code

Fill in this information to identify your case:

Debtor 1	Morris A Gogins, JR		
	First Name	Middle Name	Last Name
Debtor 2	Estelle McCoy-Gogins		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1

Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

3.2

Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Fill in this information to identify your case:

Debtor 1	Morris A Gogins, JR
Debtor 2 (Spouse, if filing)	Estelle McCoy-Gogins
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS
Case number (if known)	_____

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

12/15

Official Form 106I

Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	Retired	
Employer's name	_____	
Employer's address	_____	

How long employed there? _____

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 0.00	\$ 0.00
3. Estimate and list monthly overtime pay.	3. +\$ 0.00	+\$ 0.00
4. Calculate gross income. Add line 2 + line 3.	4. \$ 0.00	\$ 0.00

Debtor 1 **Morris A Gogins, JR**
 Debtor 2 **Estelle McCoy-Gogins**

Case number (if known) _____

Copy line 4 here	For Debtor 1	For Debtor 2 or non-filing spouse
5. List all payroll deductions:	4. \$ 0.00	\$ 0.00
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 0.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: _____	5h.+ \$ 0.00	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ 0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm	8a. \$ 0.00	\$ 0.00
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.		
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive		
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 662.00	\$ 235.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive		
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	8f. \$ 0.00	\$ 0.00
Specify: _____		
8g. Pension or retirement income	8g. \$ 3,172.00	\$ 0.00
8h. Other monthly income. Specify: _____	8h.+ \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 3,834.00	\$ 235.00
10. Calculate monthly income. Add line 7 + line 9.	10. \$ 3,834.00	+ \$ 235.00
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	= \$ 4,069.00	
11. State all other regular contributions to the expenses that you list in Schedule J.		
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: _____	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.		
Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ 4,069.00	
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		
Combined monthly income		

Fill in this information to identify your case:

Debtor 1	Morris A Gogins, JR
Debtor 2	Estelle McCoy-Gogins
(Spouse, if filing)	
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS
Case number (If known)	

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and Debtor 2.

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **1,280.00**

Your expenses

If not included in line 4:

4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	0.00
4b. \$	0.00
4c. \$	0.00
4d. \$	0.00
5. \$	0.00

Debtor 1 **Morris A Gogins, JR**
 Debtor 2 **Estelle McCoy-Gogins**

Case number (if known) _____

6. Utilities:	6a. Electricity, heat, natural gas	6a. \$ 250.00
	6b. Water, sewer, garbage collection	6b. \$ 0.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 150.00
	6d. Other. Specify: _____	6d. \$ 0.00
7. Food and housekeeping supplies	7. \$ 550.00	
8. Childcare and children's education costs	8. \$ 0.00	
9. Clothing, laundry, and dry cleaning	9. \$ 150.00	
10. Personal care products and services	10. \$ 150.00	
11. Medical and dental expenses	11. \$ 155.00	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 350.00	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ 0.00	
14. Charitable contributions and religious donations	14. \$ 400.00	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ 110.00	
15b. Health insurance	15b. \$ 0.00	
15c. Vehicle insurance	15c. \$ 114.65	
15d. Other insurance. Specify: _____	15d. \$ 0.00	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ 0.00	
17. Installment or lease payments:	17a. \$ 407.35	
17b. Car payments for Vehicle 1	17b. \$ 0.00	
17c. Car payments for Vehicle 2	17c. \$ 0.00	
17d. Other. Specify: _____	17d. \$ 0.00	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ 0.00	
19. Other payments you make to support others who do not live with you. Specify: _____	\$ 0.00	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	19.	
20a. Mortgages on other property	20a. \$ 0.00	
20b. Real estate taxes	20b. \$ 0.00	
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00	
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00	
20e. Homeowner's association or condominium dues	20e. \$ 0.00	
21. Other: Specify: _____	21. +\$ 0.00	
22. Calculate your monthly expenses	\$ 4,067.00	
22a. Add lines 4 through 21.	\$ 4,067.00	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ 4,067.00	
22c. Add line 22a and 22b. The result is your monthly expenses.		
23. Calculate your monthly net income.		
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$ 4,069.00	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ 4,067.00	
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ 2.00	
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	

Fill in this information to identify your case:

Debtor 1	Morris A Gogins, JR		
	First Name	Middle Name	Last Name
Debtor 2	Estelle McCoy-Gogins		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____ . Attach *Bankruptcy Petitioner Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Morris A Gogins, JR
Morris A Gogins, JR
Signature of Debtor 1

Date January 21, 2016

X /s/ Estelle McCoy-Gogins
Estelle McCoy-Gogins
Signature of Debtor 2

Date January 21, 2016

Fill in this information to identify your case:

Debtor 1	Morris A Gogins, JR		
	First Name	Middle Name	Last Name
Debtor 2	Estelle McCoy-Gogins		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1
lived there

Debtor 2 Prior Address:

Dates Debtor 2
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No
 Yes. Fill in the details.

Debtor 1	Gross income (before deductions and exclusions)	Debtor 2	Gross income (before deductions and exclusions)
Sources of income Check all that apply.		Sources of income Check all that apply.	

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known) _____

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No
 Yes. Fill in the details.

	Debtor 1 Sources of income Describe below..	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Describe below..	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2015)	VA disability and SSI	\$38,340.00	SSI Benefits	\$2,350.00
For the calendar year before that: (January 1 to December 31, 2014)	VA disability and SSI	\$38,000.00	SSI Benefits	\$2,350.00
For the calendar year: (January 1 to December 31, 2013)	VA disability and SSI	\$37,500.00	SSI Benefits	\$2,350.00

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more?

No. Go to line 7.
 Yes List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.
 Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
Automotive Credit Corp 26261 Evergreen Rd Ste 3 Southfield, MI 48076	Last 3 Months	\$1,222.05	\$8,304.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known) _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
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10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

 No Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
Explain what happened			

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes**Part 5: List Certain Gifts and Contributions****13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?** No Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
--	--------------------	--------------------------	-------

Person to Whom You Gave the Gift and Address:

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known)

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code) Church	\$400 monthly - tithes	Monthly	\$400.00

Part 6: List Certain Losses15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .		

Part 7: List Certain Payments or Transfers16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

 No Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Address Email or website address Person Who Made the Payment, if Not You			

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

 No Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Address			

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

 No Yes. Fill in the details.

Person Who Received Transfer	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Address Person's relationship to you			

Debtor 1 **Morris A Gogins, JR**
 Debtor 2 **Estelle McCoy-Gogins**

Case number (if known)

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy

No
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--	--	-----------------------	-------

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1 **Morris A Gogins, JR**
 Debtor 2 **Estelle McCoy-Gogins**

Case number (if known)

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.
 Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
--	---	--

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No
 Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known) _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ **Morris A Gogins, JR**

Morris A Gogins, JR
Signature of Debtor 1

/s/ **Estelle McCoy-Gogins**

Estelle McCoy-Gogins
Signature of Debtor 2

Date January 21, 2016

Date January 21, 2016

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of Person _____ . Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Debtor 1 **Morris A Gogins, JR**
Debtor 2 **Estelle McCoy-Gogins**

Case number (if known) _____

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date January 21, 2016Signature /s/ Morris A Gogins, JR
Morris A Gogins, JR
DebtorDate January 21, 2016Signature /s/ Estelle McCoy-Gogins
Estelle McCoy-Gogins
Joint Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

Fill in this information to identify your case:

Debtor 1	Morris A Gogins, JR		
	First Name	Middle Name	Last Name
Debtor 2	Estelle McCoy-Gogins		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
---	---	---

Creditor's name:

Automotive Credit Corp

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:

Description of property:

2008 Saturn Vue 120000 miles

securing debt:

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name:

No

Description of leased Property:

Yes

Lessor's name:

No

Description of leased Property:

Yes

Lessor's name:

B8 (Form 8) (12/08)
Description of leased
Property:

Page 2

No
 Yes

Lessor's name:
Description of leased
Property:

No
 Yes

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

/s/ Morris A Gogins, JR

Morris A Gogins, JR
Signature of Debtor 1

Date January 21, 2016

/s/ Estelle McCoy-Gogins

Estelle McCoy-Gogins
Signature of Debtor 2

Date January 21, 2016

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

\$245	filings fee
\$75	administrative fee
<u>+</u>	<u>\$15</u> trustee surcharge
\$335 total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167	filing fee
+ \$550	administrative fee
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,
most student loans,
certain taxes,
debts for fraud or theft,
debts for fraud or defalcation while acting in a fiduciary capacity,
most criminal fines and restitution obligations,
certain debts that are not listed in your bankruptcy papers,
certain debts for acts that caused death or personal injury, and
certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to: <http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court
Northern District of Illinois

In re **Morris A Gogins, JR**
Estelle McCoy-Gogins

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	0.00
Prior to the filing of this statement I have received	\$	0.00
Balance Due	\$	0.00

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

January 21, 2016

Date

/s/ Julie M Gleason

Julie M Gleason 6273536

Signature of Attorney

Gleason & Gleason

77 W Washington, Ste 1218

Chicago, IL 60602

(312) 578-9530 Fax: (312) 578-9524

troy@chicagobk.com

Name of law firm

**United States Bankruptcy Court
Northern District of Illinois**

In re **Morris A Gogins, JR**
Estelle McCoy-Gogins

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: **90**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **January 21, 2016**

/s/ Morris A Gogins, JR

Morris A Gogins, JR

Signature of Debtor

Date: **January 21, 2016**

/s/ Estelle McCoy-Gogins

Estelle McCoy-Gogins

Signature of Debtor

Advocate Medical Group
701 Lee St
Des Plaines, IL 60016

Advocate South Suburban Hospital
22091 Network Place
Chicago, IL 60673-1220

Aegis Ambulatory Anes
PO box 903
DeKalb, IL 60115

Aegis Receivables Mgmt Inc
PO Box 404
Fort Mill, SC 29716

Allied Interstate
3000 Corporate Exchange Dr. 5th Fl
Columbus, OH 43231

AmeriMark Premier
PO Box 2845
Monroe, WI 53566

Ashro
3650 Milwaukee St
Madison, WI 53714

Asset Acceptance
Attn: Bankruptcy
PO Box 2036
Warren, MI 48090

AT &T Southwest (U-verse)
PO Box 5014
Carol Stream, IL 60197-5014

Automotive Credit Corp
26261 Evergreen Rd Ste 3
Southfield, MI 48076

Bako
6240 Shiloh Rd
Alpharetta, GA 30005

Bank of America
PO Box 15168
Wilmington, DE 19850

Bank of America Attn: Bankruptcy
PO Box 9000
Getzville, NY 14068

Blatt Hasenmiller Leibske & Moore
10 S LaSalle St Suite 2200
Chicago, IL 60603

Capital Accounts
Po Box 140065
Nashville, TN 37214

Carol Wright Gifts
Attn: Bankruptcy
PO Box 2852
Monroe, WI 53566

Cci
Contract Callers I
Augusta, GA 30901

Charles Amenta MD
18161 Morris Ave Suite 105
Homewood, IL 60430

Charles G. McCarthy Jr.
PO box 1045
Bloomington, IL 61702

Check N Go
7755 Montgomery Rd, Suite 400
Cincinnati, OH 45236

ChexSystems
7805 Hudson Rd, Ste 100
Saint Paul, MN 55125

ComEd
Attn Bankruptcy
PO Box 805379
Chicago, IL 60680

Comenity Bank
Recovery Dept
PO Box 182125
Columbus, OH 43218

Comenity Bank/brylnhme
Po Box 182789
Columbus, OH 43218

Comenity Bank/jssclndn
Po Box 182789
Columbus, OH 43218

Comenitybank/oldpbltrd
Po Box 182789
Columbus, OH 43218

Commonwealth Financial
245 Main Street
Scranton, PA 18519

Convergent Outsourcing
800 Sw 39th St
Renton, WA 98057

Credit Cntrl
5757 Phantom Dr.
Hazelwood, MO 63042

Credit Management LP
4200 International Pkwy
Carrollton, TX 75007

Credit One
PO Box 60500
City of Industry, CA 91716

Credit Protection Assoc
Attn: Bankruptcy
PO Box 802068
Dallas, TX 75380

Danbury Mint
47 Richards Ave
Norwalk, CT 06827

DirectCharge
1112 7th Ave
Monroe, WI 53566

Dr Leonard/ Carol Wig
1515 S 21st St
Clinton, IA 52732

Dr. Vipul Patel DPM
2075 Indianapolis Blvd
Whiting, IN 46394

Easy Conforts
PO Box 2861
Monroe, WI 53566

Especially Yours
PO Box 105
South Easton, MA 02375

Everest Receivables Services
5165 Broadway #112
Depew, NY 14043

Figis
3200 S. Central Ave.
Marshfield, WI 54449

First Cash
7001 Post Road, Suite 300
Dublin, OH 43016

First Premier Bank
601 S Minnesota Ave
Sioux Falls, SD 57104

Foot & Ankle Clncs Of
9933 S Western Ave Ste 1
Chicago, IL 60643

Ginny's
1112 7th Ave
Monroe, WI 53566

Great Lakes Specialty Finance
16120 S State St
South Holland, IL 60473

Halsted Financial Services
PO Box 5773
Evanston, IL 60201

Harris & Harris Ltd
222 Merchandise Mart Plaza
Ste 1900
Chicago, IL 60654

Hertg Accpt
120 W Lexington
Elkhart, IN 46516

ICS
PO Box 1010
Tinley Park, IL 60477

Illinois Lending Corporation
2109 S Wabash Ave
Chicago, IL 60616

Ingalls Same Day Surgery
PO box 340
Matteson, IL 60443

Integrity Orthopedics
PO box 609
Chicago, IL 60643

Jessica London
PO box 659728
San Antonio, TX 78265

K. Jordan
913 First Avenue
Chippewa Falls, WI 54729

Kahuna Payment Solutions LLC
2714 McGraw Dr
Bloomington, IL 61704

L J Ross Associates In
4 Universal Way
Jackson, MI 49202

Mabt/contfin
Pob 8099
Newark, DE 19714

Malcolm A Deam & Associates SC
Deam Malcolm A MD
3 Erie St
Oak Park, IL 60302

Massey's Shoes
PO box 2822
Monroe, WI 53556-8020

Mcsi Inc
Po Box 327
Palos Heights, IL 60463

Medical Business Bureau
PO Box 1219
Park Ridge, IL 60068

Midnight Velvet
1112 7th Avenue
Monroe, WI 53566

Midwest Eye Center S.C.
1700 East Way Rd
Calumet City, IL 60409

Monroe & Main
1112 7th Ave
Monroe, WI 53566

Montgomery Ward
3650 Milwaukee St
Madison, WI 53714

Mrs Bpo Llc
1930 Olney Ave
Cherry Hill, NJ 08003

Nicor Gas
Attention: Bankruptcy Department
PO Box 549
Aurora, IL 60507

Old Pueblo Traders
PO box 659465
San Antonio, TX 78265

Oportun/progreso
1600 Seaport Blvd Ste 25
Redwood City, CA 94063

Palisades Collection
Attn: Bankruptcy
PO Box 41067
Norfolk, VA 23541

Peoples Engy
200 East Randolph
Chicago, IL 60601

Physical Therapy & Sports Injury Re
1816 W 170th St
Hazel Crest, IL 60429

PLS
Bankruptcy Department
One South Wacker 36th Floor
Chicago, IL 60607

Pronger Smith Medical Care
2320 W High St
Blue Island, IL 60406

Real Time Resolutions
1750 Regal Row Suite 120
Dallas, TX 75235

Ridge Orthopedics & Rehab
5540 W 111th St
Oak Lawn, IL 60453

Santander Consumer Usa
Po Box 961245
Ft Worth, TX 76161

Seventh Avenue
1112 7th Avenue
Monroe, WI 53566

Social Security Admin
Attn Bankruptcy Dept
77 W Jackson Ste 300
Chicago, IL 60604

State Collection Service
2509 S Stoughton Rd
Madison, WI 53716

Sunrise Credit Services
PO Box 9100
Farmingdale, NY 11735

TCF National Bank
Attn: Bankruptcy
800 Burr Ridge
Willowbrook, IL 60527

The Payday Loan Store of IL
107 Sibley Rd
South Holland, IL 60473

The Schreiber Law Firm
6 Interplex Drive #209
Feasterville Trevose, PA 19053

Transworld Systems
507 prudential Rd.
Horsham, PA 19044

United Health Care
PO box 5803
Riverdale, IL 60827

United Recovery Service, LLC
18525 Torrence Ave, Ste C-6
Lansing, IL 60438

Verve
PO box 31292
Tampa, FL 33631

Webbank/fingerhut
6250 Ridgewood Rd
Saint Cloud, MN 56303

Wilshire Group & Associates
11801 Pierce St #200
Riverside, CA 92505